

Voyage 1 Limited

# The Grange, Liss

## Inspection report

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17 December 2018

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

What life is like for people using this service:

- People received person-centred care and were treated with dignity and respect.
- Staff support promoted good outcomes for people.
- The provider had a positive focus on providing meaningful activities for people.
- There was a friendly atmosphere in the service and staff were caring and compassionate in their approach towards people.
- The service met the characteristics of Good in all areas;
- Further information is in the full report.

Rating at last inspection: Last rated Good, report published 13 April 2016.

About the service: The Grange, Liss is a residential care home that was providing personal and nursing care to people living with a learning disability.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# The Grange, Liss

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by one inspector and an expert by experience with expertise in supporting people with a learning disability and/or complex needs. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** The Grange, Liss is a residential care home that was providing personal and nursing care to adults and younger adults who may be living with learning disabilities, autistic spectrum disorder or physical disability. One person lived in a separate bungalow and there was a hydrotherapy pool on site that people used with support from staff or external professionals.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The care service has been developed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

**Notice of inspection:** This inspection was unannounced. Inspection site visit activity started on 10 December 2018 and ended on 17 December 2018.

**What we did:**

Prior to the inspection we reviewed all the information we held about the service including notifications received by the Commission. A notification is information about important events which the service is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is information we request to provide some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke to one person, 13 staff, one external healthcare professional and the registered manager. Some people using the service were not able to verbally express their views about the service. Therefore, we spent time observing interactions between staff and people within the communal areas of the home. We reviewed documentation including the care records for three people, medication records, five employment files, training records, staff supervision, accidents and incidents, complaints, policies and procedures, quality assurance and safeguarding records.

After the inspection we received feedback from another external professional and spoke to five relatives.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Relatives told us that the service supported their family members safely. One relative told us, "I can't really fault the safety".

Systems and processes to safeguard people from the risk of abuse

- Staff had the knowledge and confidence to identify safeguarding concerns and had attended training in safeguarding people at risk. Staff were aware of types and signs of possible abuse. The registered manager was aware of their responsibilities in safeguarding procedures.

Assessing risk, safety monitoring and management

- Staff knew people well and had a good understanding of how to reduce risk to people. Risk assessments were in place to guide staff for example one risk assessment noted, 'Staff members need to know [their] whereabouts at all times' and another noted, 'Staff should be trained in first aid and epilepsy before supporting [person] into the community'. Specific risk assessments were in place as required for example, regarding a medication allergy.
- Staff managed risks to people safely. One person required a protective helmet when standing and we observed staff helped them to put the helmet on immediately when they stood up.
- Care plans included information on signs that people may becoming unwell and what staff should do to respond to them. For example, one care plan noted, "very poor head control" could be a sign that the person is unwell.
- Health and safety checks were carried out regularly and equipment was appropriately maintained.

Staffing levels

- At the previous inspection we made a recommendation in relation to the effective deployment of staff to ensure people were fully engaged. The registered manager told us they had implemented team leaders to monitor staff deployment and that people were more engaged. During the inspection we observed sufficient levels of staffing to support people safely and regular positive interaction between staff and people.
- The service was using some agency staff. They received an induction to the service, supported people with less complex needs and were given a 'quick reference guide' with key information about people's needs and safety.
- Procedures were in place to check that people were protected from the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and character references were obtained and candidates attended an interview to assess their suitability for the role. Applicants were asked to complete details of their full employment history.

### Using medicines safely

- During the inspection it was identified that the monitoring of the temperature of the room where medicines were being kept required improvement. Though this did not have any impact on people, we discussed this with the registered manager who took immediate action and ordered a new thermometer during the inspection. Fridge temperatures were monitored and recorded appropriately.
- We identified that one person had excessive stock of one of their medicines. We discussed this with the registered manager who agreed the stock was excessive. Action was taken to return the medicines to the pharmacy that day and stock would be monitored to ensure this does not happen again.
- Medicines were safely administered and correctly recorded on medicine administration records (MARs). Staff had received training and competency checks in medicines administration.

### Preventing and controlling infection

- Staff had received training in infection control. During the inspection we observed staff to follow infection control practices for example, washing their hands before handling medication.

### Learning lessons when things go wrong

- Accidents and incidents were analysed for any necessary action and learning was discussed at monthly team meetings. Staff confirmed that learning from incidents and accidents was shared with them.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Relatives told us that staff were effective at supporting their family members, achieving good outcomes. One relative told us, "They've got a good team there now".

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service was following best practice guidance such as the stopping over-medication of people with learning disabilities (STOMP) initiative. Staff made appropriate referrals to healthcare professionals for medication to be reviewed to prevent people receiving unnecessary medicines.

Staff skills, knowledge and experience

- Staff received training in various subjects to enable them to carry out their role. One relative told us, "They're always doing staff training". The Care Certificate was offered to all staff who were new to care. The Care Certificate standards are nationally recognised standards of care which staff who are new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care. Existing skills were assessed for staff who had previous experience working in care. They were then offered appropriate elements of the Care Certificate to complement their existing knowledge.
- Several people living at The Grange, Liss were living with Epilepsy. Staff had received training in epilepsy awareness and how to administer rescue medication. There were detailed risk assessments in place to guide staff on how to care for people living with epilepsy safely.
- Staff had received training in how to support people with escalating physical behaviour and these techniques would only be used as a last resort.
- Staff were supported through supervision sessions, appraisal and competency checks. One staff member told us, "I feel really appreciated by [registered manager], I know that [registered manager is always here to help]".

Supporting people to eat and drink enough with choice in a balanced diet:

- The service was in the process of implementing changes to terminology used when referring to the type of textured diets people required as recommended in best practice guidance by the International Dysphagia Diet Standardisation Initiative (IDDSI). This had led to some confusion between previous and new terminology among staff, however the registered manager took immediate action to address this after the inspection. We observed food was carefully prepared and people were supported to eat safely when they were at risk of choking. Staff had received training on choking and first aid and care plans had detailed guidance around managing risk of choking.
- We observed that mealtimes were a pleasant experience for people where they were not rushed. The service ran tasting sessions to try to identify the foods that people enjoyed the most. One relative told us, "The food is very nice".



- Food and fluid intake was monitored for people as required. One healthcare professional confirmed, 'Weight is routinely monitored'.
- We observed lunch to be a pleasant and calm experience for people with effective support given by staff.

#### Staff providing consistent, effective, timely care

- Staff ensured that people received their annual health review and monitored any health needs appropriately.
- Staff made referrals to appropriate healthcare professionals as needed for example: Speech and language therapists, dieticians, orthotists, occupational therapists, doctors, learning disability community nurses and psychiatrists. One healthcare professional told us, "Staff appear to know their clients well and work collaboratively in their best interests". Another healthcare professional told us, "they recognise when they need specialist support".

#### Adapting service, design, decoration to meet people's needs

- Despite being a larger service than is recommended in best practice, the service was person centred and provided in line with principles of registering the right support guidance. This guidance details the importance of people being involved in the design of the service, living in their local area, enabling people to access their local community, with good access to local healthcare services and not living in a group of homes clustered together on the same site.
- The registered manager informed us that the property was in need of some refurbishment and that this was ongoing.
- We observed that bedrooms were pleasant and personalised to people's needs and likes. For example, one person's room was decorated according to their favourite sport, another person had a piano in their room that they liked to play.
- The service had two tablet computers to try to aid communication with people for example, by using it as a visual aid.

#### Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- The service followed appropriate processes to make specific decisions in people's best interests. For example, whether a person can consent to their STOMP support plan or the use of secluded areas during episodes of behaviour that may challenge to protect the person and others. These decisions were made collaboratively with family, professionals and advocates where appropriate.
- The decision for people to live at The Grange, Liss was also made in best interest for some people.
- People were given as much control over their lives as possible. They were given choice in daily activities, such as when they got up and when they were given support to have a shower. We observed people were always involved in decisions about their care.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

We observed a friendly and welcoming atmosphere in the home, one relative told us, "It feels more of a family atmosphere in there". One staff member told us, "Everyone seems to get on with everyone" and another staff member told us, "The manager cares about the services users and the staff, she's very approachable".

Ensuring people are well treated and supported

- We observed caring and positive interactions between staff and people throughout the inspection. The registered manager knew people well and was kind and compassionate in their approach towards people. Relatives confirmed to us that the registered manager was caring towards people. Two relatives were very positive about the registered manager's presence in the service, one relative told us, "She has always been present when there is a special function on, she went in on Christmas Day".
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people using the service which included age, disability, gender, marital status, race, religion and sexual orientation. For example, one person did not celebrate a particular religious festival so staff ensured that decorations to celebrate that festival were not put up in their main living area.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the planning of their care as much as possible. Staff ensured that relatives, advocates and others who were important to people were kept updated with any changes to the person's care.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured that they always protected people's dignity and treated them with respect.
- The service was encouraging people to participate more in day to day activities. The purpose of this was to encourage and promote independence. Staff supported people to participate in some voluntary work in the local community.
- People were encouraged to make and maintain relationships that were important to them for example, staff supported one person to invite friends from the local community to come to their birthday party.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

We received feedback from relatives that people's needs were met. One relative told us, "[Person's] needs are paid attention to".

How people's needs are met

Personalised care

- The service had been working to improve activities within the home. This was done through trying new activities, for example wheelchair yoga, and then evaluating people's response to them.
- Staff knew people well and although some people were not able to provide this feedback verbally, staff could assess if people enjoyed activities through non-verbal signs.
- The service was also working to provide activities that encouraged more active participation for people for example, music therapy and sensory cookery. One staff member told us, "I see it working positively for the residents".
- The registered manager had developed information for staff to access that provided guidance on what activities people enjoyed. People had access to a minibus and with assistance from staff, people could access the local community and attend local events. For example, people went to a local activities centre and participated in activities such as archery and sailing. One relative told us, "I'm very pleased that they're always out and about".
- The registered manager told us that external people also came to the service to provide activities for people for example, a church choir. During the inspection a singer was performing to people and they appeared to enjoy it.
- One healthcare professional told us, "They know their service users really well" and we observed this to be the case. Staff and the registered manager spoke to us about people in a person-centred way.
- The service was working in accordance with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service provided guidance to staff on how to communicate with people as effectively as possible. Documents could be given to people in other formats for example, easy read. Technology was also used to communicate with people through visual aids such as laptops. Care plans included detailed information on how staff could communicate with people effectively for example, 'Do not offer more than two points of reference'.
- Staff worked with external professionals to ensure care plans met people's needs. One healthcare professional told us, 'Staff are responsive and quick to contact me when things aren't going so well'.

Improving care quality in response to complaints or concerns

- Relatives told us they would feel comfortable to raise any concern or complaint with the registered manager. Complaints had been investigated and responded to in a timely manner.

## End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection but there were end of life support plans in place should a person need this support suddenly. The registered manager spoke compassionately about the importance of speaking to families about the person's wishes and their wishes for the person's care at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Leadership and management

We received consistently positive feedback about the registered manager from relatives, staff and healthcare professionals. One relative told us, "I think the manager is excellent". A healthcare professional told us, "[Registered manager] is doing a great job" and one member of staff told us, "I feel [registered manager] works well with the rest of the team".

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The registered manager supported people in a person-centred way and promoted person-centred care throughout the service. They were particularly working on more person-centred meaningful activities for people.
- The registered manager was open and transparent with people and families when things went wrong. One relative confirmed that staff had been very open with them after one incident.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager and staff had a good understanding of their responsibilities and any risks to people in the service.
- The registered manager understood their regulatory responsibilities. The service was displaying their rating from their last inspection.

### Continuous learning and improving care

- There were effective systems of governance in place to monitor and improve the service. This included: quarterly audits of the whole service, monthly medication audits, monthly health and safety audits, monthly reviews of people's health needs and weekly checks of medication stock.
- We observed a quality development plan with identified areas for improvement following feedback about the service. There were identified actions for improvement and positive updates on progress.
- Learning was shared with staff through regular team meetings.

Engaging and involving people using the service, the public and staff

- The registered manager told us they were in contact with most relatives on a daily or weekly basis. One relative told us that the registered manager communicated with them "Exceptionally well". A quarterly newsletter was produced to provide updates on changes to the service. The service also had a suggestions

box for people to use to give feedback.

Working in partnership with others

- The service worked well with healthcare professionals to promote positive outcomes for people.
- The service had links to the local community in relation to activities for people.